Redraw $285 2:00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 122582 PIN# 4664491364.000 DATE 5/19/08

OWNER OR APPLICANT Russ Graham PHONE: Business 704 528-9120 Home

ADDRESS 132 Leah Ln Troutman NC

LOCATION Hwy 115(S) TL Presbyterian Rd. 6th Lot from Shearers Rd. On Left

SUBDIVISION Huntington Ridge I LOCK / SECTION ph I LOT 2 LOT AREA .713 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 10-2008

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 7 Trench Width 24" 8' O.F. Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity, PPRRS

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

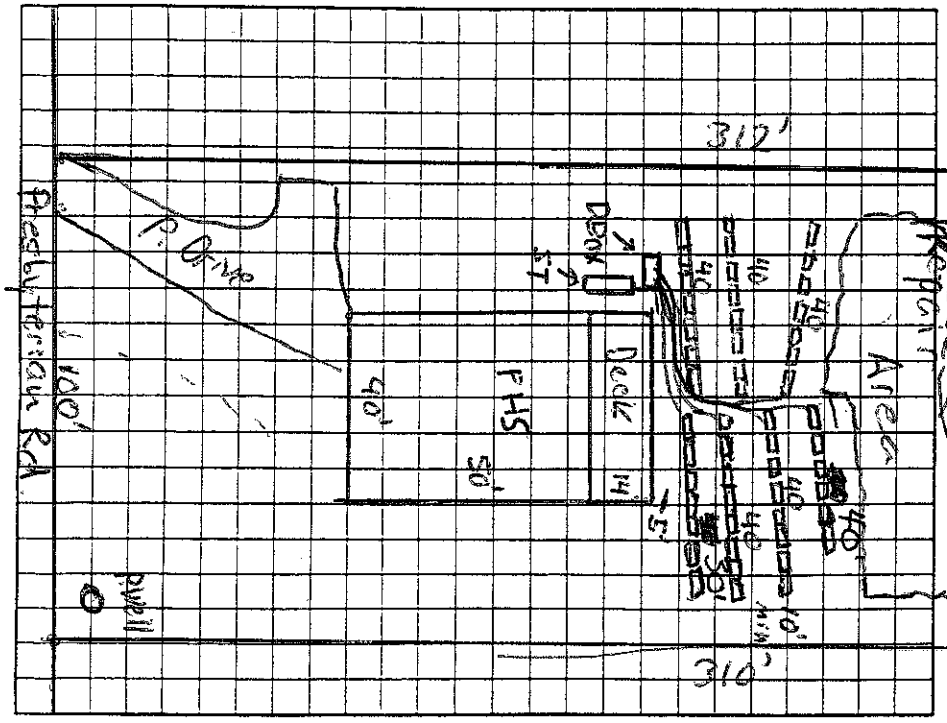
Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

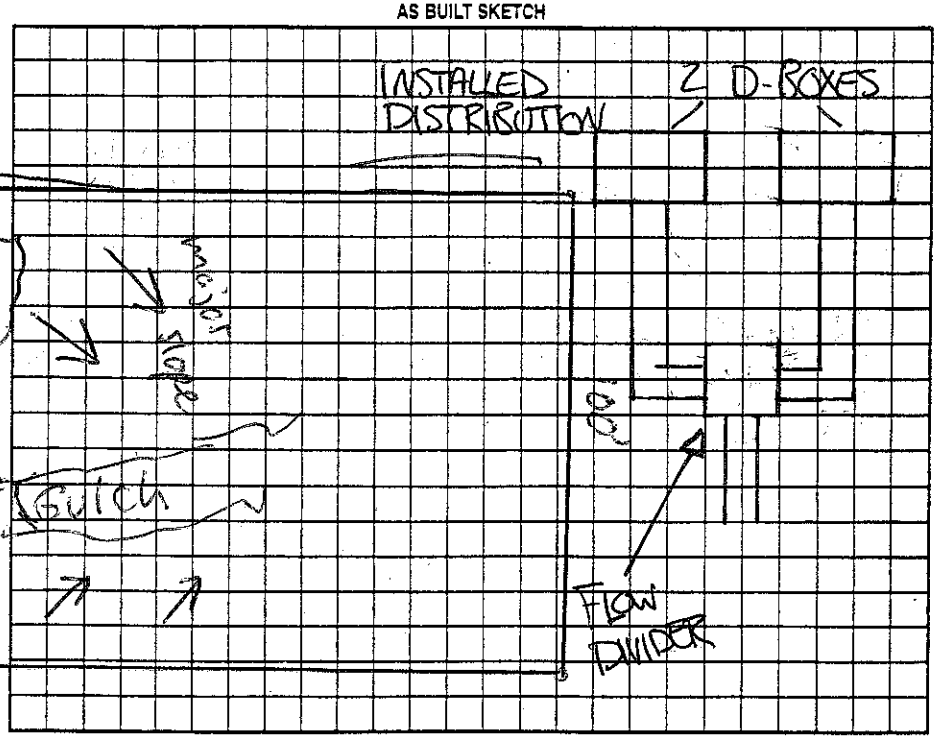
Comments:/Conditions: Use 7 line D-box with Flow levelers
24" wide Trenches 8' off center

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Russ Graham date 5/21/08 Installed by: ROWAN SEPTIC

Improvement Permit by: Anthony Coker Jr. date 5/19/08 Operation Permit by: _____ date 2-6-09

Authorization to Construct by: Anthony Coker Jr. date 5/19/08 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK